BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
	)	
	)	
	)	
CRAIG ANTHONY COLETTA, M.D.	)	**Case No.** 11-2010-205348
	)	
Physician's and Surgeon's Certificate No. G 83011	)	
	)	
	)	
Respondent	)	
	)	

DECISION

The attached Stipulated Surrender is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on May 15, 2013 **.**

IT IS SO ORDERED May 8, 2013 **.**

MEDICAL BOARD OF CALIFORNIA

By: _____
Linda K. Whitney
Executive Director

KAMALA D. HARRIS
Attorney General of California
THOMAS S. LAZAR
Supervising Deputy Attorney General
MARTIN W. HAGAN
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **CRAIG ANTHONY COLETTA, M.D.** **17 Northstar, #202** **Marina Del Rey CA 90292** **Physician's and Surgeon's Certificate No. G83011,** Respondent.	Case No. 11-2010-205348 OAH No. 2012080281 **STIPULATED SURRENDER OF LICENSE AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Martin W. Hagan, Deputy Attorney General.

2. Respondent Craig Anthony Coletta, M.D. (Respondent), is represented in this proceeding by attorney Paul Spackman, Esq., whose address is 28441 Highridge Road, Suite 201, Rolling Hills Estates, CA 90274.

3. On April 18, 1996, the Medical Board of California issued Physician's and Surgeon's Certificate No. G83011 to Craig Anthony Coletta, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 11-2010-205348 and will expire on June 30, 2013, unless renewed.

JURISDICTION

4. On July 27, 2012, Accusation No. 11-2010-205348 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on July 27, 2012. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 11-2010-205348 is attached hereto as Exhibit "A" and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 11-2010-205348. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent does not contest that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 11-2010-205348 and that he has thereby subjected his Physician's and Surgeon's Certificate No. G83011 to disciplinary action.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. G83011 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

11. Respondent further agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate No. G83011, or if an accusation is filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 11-2010-205348 shall be deemed true, correct, and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving respondent in the State of California or elsewhere.

12. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of this Physician's and Surgeon's Certificate No. G83011 without further process.

CONTINGENCY

13. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . . stipulation for surrender of a license."

14. This Stipulated Surrender of License and Disciplinary Order shall be subject to approval of the Executive Director on behalf of the Medical Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for her consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, respondent fully understands and agrees that he may not withdraw his agreement or seek to

rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

15. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in her discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

17. The parties agree that facsimile copies of this Stipulated Surrender of License and Disciplinary Order, including facsimile signatures of the parties, may be used in lieu of original documents and signatures and, further, that facsimile copies shall have the same force and effect as originals.

18. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Medical Board may, without further notice to or opportunity to be heard by respondent, issue and enter the following Disciplinary Order on behalf of the Board:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G83011 heretofore issued to Respondent Craig Anthony Coletta, M.D. (Respondent) is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate No. G83011 and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 11-2010-205348 shall be deemed to be true, correct and fully admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 11-2010-205348 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney, Paul Spackman, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G83011. I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4/16/13

CRAIG ANTHONY COLETTA, M.D.
Respondent

I have read and fully discussed with Respondent Craig Anthony Coletta, M.D., the terms and conditions and other matters contained in the above Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

DATED: April 17, 2013

PAUL SPACKMAN, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: April 15, 2013

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
THOMAS S. LAZAR
Supervising Deputy Attorney General

MARTIN W. HAGAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 11-2010-205348

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 27 2012
BY: K. MONTOUSSAND ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **CRAIG ANTHONY COLETTA, M.D.** 17 Northstar Street #202 Marina Del Rey, California 90292 Physician's and Surgeon's Certificate No. G 83011 Respondent.	Case No. 11-2010-205348 **ACCUSATION**

Complainant alleges:

PARTIES

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs, State of California (Board).

2. On or about April 18, 1996, the Board issued Physician's and Surgeon's Certificate Number G 83011 to Craig Anthony Coletta, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2013, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division[1] deems proper.

5. Section 2234 of the Code, in relevant part, provides:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs

1. California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Cal. Bus. & Prof. Code, §§ 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"...."

6. Section 2266 of the Code states:

AThe failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.@

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence - Patient H.M.)

7. Respondent is subject to disciplinary action under Business and Professions Code section 2234, subdivision (b), of the Code in that he was grossly negligent in the care, treatment and management of Patient H.M.,[1] as follows:

A. On or about July 7, 2009, Patient H.M., who was then twenty-seven years old, presented to Bellflower Kaiser Hospital with complaints of abdominal pain, vomiting, nausea, dehydration, and lack of appetite. Patient H.M. was pregnant and in her third trimester. Records show that patient H.M. had presented to Bellflower Kaiser Hospital for similar complaints between July 4 and 6, 2009, and was discharged each time.

B. On or about July 7, 2009, Patient H.M. was admitted to Bellflower Kaiser Hospital where she was advised by the general surgeon that she had appendicitis for which surgery was recommended. That same day, Respondent performed a routine laparoscopic appendectomy on Patient H.M. The operative note, dictated by the Respondent, indicated that a slightly infected appendix was found and removed. The operation note did not indicate any intraoperative issues. The operative report listed the blood loss at 150 cc.

C. Later, that same day, patient H.M. complained of abdominal pain. After problems obtaining a fetal heart rate, patient H.M. was transferred to the Labor and

[1] The names of patients are kept confidential to protect their privacy.

Delivery Unit where it was found that she was bleeding from one of her incisions. After failure to obtain a fetal heart rate and an ultrasound demonstrating fetal bradycardia, a c-section was initiated. During that procedure, hemoperitoneum[2] and extensive intrauterine blood were noted with multiple trocar[3] injuries to the uterus.

D. On or about July 8, 2009, the baby was found to have expired and an autopsy noted the death to be due to injuries to the uterus and the placenta.

E. The following acts and omissions by Respondent, considered individually and collectively, constituted gross negligence during the care, treatment and management of Patient H.M.:

1) Respondent failed to recognize that the laparoscopic appendectomy should have been converted to an open procedure or even aborted if it is a viable option.

2) Respondent failed to recognize a uterine injury.

3) Respondent failed to obtain either an ultrasound or a CT scan to confirm the presence or absence of appendicitis.

4) Respondent failed to conduct an initial examination or, in the alternative, failed to document that he had done so.

5) Respondent failed to evaluate and examine Patient H.M. prior to performing surgery or, in the alternative, failed to document that he had done so.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

8. Respondent is subject to disciplinary action under Business and Professions Code section 2234, subdivision (c), in that he engaged in repeated negligent acts in the care, treatment and management of Patients H.M., M.S., and E.M. The circumstances are as follows:

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[2] Hemoperitoneum - presence of blood in the peritoneal cavity

[3] Trocar – instrument with a sharply pointed end, often three-sided, used to introduce ports in the abdomen, such as during laparoscopic surgery.

Patient H.M

A. Respondent refers to and, by this reference, incorporates herein paragraph 7, subparagraphs A through F, inclusive, above, as though fully set forth.

B. The following acts and omissions by Respondent, considered individually and collectively, constituted gross negligence during the care, treatment and management of Patient H.M.:

1) Respondent failed to recognize that the laparoscopic appendectomy should have been converted to an open procedure or even aborted if it is a viable option.

2) Respondent failed to recognize a uterine injury.

3) Respondent failed to obtain either an ultrasound or a CT scan to confirm the presence or absence of appendicitis.

4) Respondent failed to conduct an initial examination or, in the alternative, failed to document that he had done so.

5) Respondent failed to evaluate and examine Patient H.M. prior to performing surgery or, in the alternative, failed to document that he had done so.

Patient M.S.

C. On or about September 23, 2008, patient M.S., who was then sixty-nine years old, presented at Downey Kaiser Hospital for a laparoscopic cholecystectomy,[4] possible open cholecystectomy and possible intraoperative cholangiogram[5] for cholelithiasis[6] and probable chronic cholecystitis.[7]

D. On that day, Patient M.S. underwent a laparoscopic cholecystectomy. The

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[4] Cholecystectomy is the surgical removal of the gallbladder.

[5] Cholangiogram - an x-ray film of the bile ducts produced after injection of a radiopaque contrast medium. A cholangiogram is routinely performed before or after biliary tract surgery.

[6] Cholelithiasis – the presence or formation of gallstones in the gallbladder or bile ducts.

[7] Cholecystitis - painful inflammation of the gallbladder's wall.

hospital records for this patient indicate that there were extensive adhesions of the duodenum,[8] omentum[9] and transverse colon to the gallbladder which required extensive dissection before the cholecystectomy could be done. The procedure was noted to take over two hours to complete. No intraoperative cholangiogram was noted to have been done despite the difficult dissection and the need to divide the cystic duct with an endogia stapler.

E. On or about the following day, Patient M.S. was noted to have a bile leak and an exploratory laparotomy was performed by the Respondent. Patient M.S. suffered complications postoperatively resulting in candidal sepsis, renal failure requiring dialysis, respiratory failure/ARDS, multi-resistant ventilatory associated pneumonia, persistent hyperbilirubinemia[10] and other abnormal liver function tests. The initial sepsis was presumed to be related to the PICC[11] line placed for total parenteral nutrition TPN. The patient's condition continued to deteriorate and the patient was terminally extubated on November 9, 2008.

F. The following act or omission by Respondent constituted a negligent act in the care, treatment and management of Patient M.S.:

1) Failure to recognize on or about September 23, 2008, the need to proceed with intraoperativecholangiogram or convert to an open procedure.

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[8] Duodenum - beginning portion of the small intestine, starting at the lower end of the stomach and extending to the jejunum.

[9] Omentum - a fold of peritoneum extending from the stomach to adjacent abdominal organs.

[10] Hyperbilirubinemia - a condition where there is a high level of bilirubin in the blood. Bilirubin is a natural by-product of the breakdown of red blood cells, however, a high level of bilirubin may indicate a problem with the liver.

[11] PICC line - Peripherally-inserted central catheter Critical care An IV catheter inserted in the superior vena cava for long-term infusion of bolus or continuous delivery of therapeutics or TPN–drugs, fluids, nutrients, chemotherapy.

Patient E.M.

G. On or about May 26, 2009, Patient E.M., who was than sixty years old presented at Bellflower Kaiser Hospital with complaints of abdominal pain, nausea and vomiting. Records show that previous admissions were made to Bellflower Kaiser Hospital for similar complaints but with exception of one night stay, the patient was discharged home.

H. On or about May 26, 2009, a consultation was performed by the Respondent who evaluated the patient and diagnosed the patient with bowel obstruction. Surgery was recommended.

I. On or about May 27, 2009, Respondent performed a laparotomy for reduction of an internal hernia, an ileocolic[12] resection, and a re-anastomosis.[13]

J. The patient's postoperative course was unremarkable and he was discharged home on June 3, 2009 while tolerating a liquid diet.

K. On or about June 4, 2009, Patient E.M. was seen in the emergency room for nausea and vomiting but was discharged after the nausea and vomiting resolved. Patient E.M. subsequently returned to the emergency room with similar symptoms and, at that time, admitted for ileus[14] or early bowel obstruction after recent surgery.

L. On or about June 10, 2009, Patient E.M. underwent a CT which showed partial bowel obstruction with a transition point and some ascites.[15]

M. On or about June 11, 2009, a second surgery was performed by Respondent during which extensive adhesions were encountered, resulting in multiple bowel resections and a revision of the previous anastomosis. The total blood loss was estimated

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[12] Ileocolic - relating to the ileum and the colon.

[13] Anastomosis - communication between vessels by collateral channels.

[14] Ileus - a partial or complete non-mechanical blockage of the small and/or large intestine.

[15] Ascites - an abnormal accumulation of fluid in the abdomen.

at 400 cc.

N. On or about June 12, 2009, Patient E.M. became hypotensive and unresponsive. The patient was revived and transferred to the ICU where she was found to be severely anemic and acidotic.

O. On or about June 13, 2009, Patient E.M. expired. The autopsy revealed extensive hemoperitoneum[16] was found along with a substantial absence of small intestine and total absence of any colon.

P. The following act and omission by Respondent during the care, treatment and management of Patient E.M. constituted negligent acts:

1). Failure to recognize and manage a severe hemorrhagic shock following abdominal operation on or about June 12, 2009.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

9. Respondent is subject to disciplinary action under Business and Professions Code section 2266 in that Respondent failed to maintain adequate and accurate records of the treatment he provided to Patient H.M. The circumstances are as follows:

A. The facts and circumstances alleged in paragraph 7, subparagraphs A thorugh F, inclusive, above are incorporated here as if fully set forth.

[16] Hemoperitoneum - blood in the peritoneal cavity.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 83011, issued to CRAIG ANTHONY COLETTA, M.D.;

2. Revoking, suspending or denying approval of CRAIG ANTHONY COLETTA, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering CRAIG ANTHONY COLETTA, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: July 27, 2012

LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant